in the research. As mentioned earlier, we are trying to help them out in propagating this research.

*610. [The questioners (Shri Surendra Lath, Shri Kripal Parmar) were absent. For answer *vide* page 39].

*611. [The questioner (Shri Laxminarayan Sharma) was absent. For answer *vide* page 41].

*612. [The questioner (Shri Varinder Singh Bajwa) was absent. For answer w'de page 41].

*613. [The questioners (Shri Ambika Soni and Shri Harish Rawat) were absent. For answer *vide* page 42].

स्वास्थ्य सेवाओं के संबंध में जांच

*614. श्री जनेश्वर मिश्र : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने राष्ट्रीय स्तर पर शहरी और ग्रामीण क्षेत्रों में स्वास्थ्य से संबंधित पहलुओं औश्र व्यवस्थओं/सुविधाओं के संबंध में कोई जांच कराई हैं;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या हैं ;

(ग) ऐसे अस्पतालों की संख्या कितनी हैं जहां पर डाक्टर/स्टाफ तक नहीं हैं;

(घ) क्या सरकार ने उन क्षेत्रों में नई फैलती बीमारियों के संबंध में कोई अध्ययन कराया है; और

(ड़) भविष्य में इन क्षेत्रों में इन रोगों के निवारण तथा उनसे बचाव के संबंध में क्या उपाय किए गए हैं ?

स्वास्थ्य और परिवार कल्याण मंत्री (डा. अन्बूमणि राम दास) : (क) से (ड़) एक विवरण सभा पटल पर रखा दिया गया हैं।

(**विवरण**)

(क) और (ख) देश में दो चरणों (1998-99 और 2003-2004) में एक सुविधा सर्वेक्षण किया गया हैं जिसमें बुनियादी सुविधाओं अर्थात् पानी की सुविधा, बिजली, वाहन, आपरेशन थियेटर, प्रसव कक्ष इत्यादि और देश में प्राथमिक स्वास्थ्य परिचर्या संस्थाओं में स्वास्थ्य जन शक्ति की स्थिति का मूल्यांकन किया गया।

भारत में वृहद जनांकिकी और स्वास्थ्य डेटाबेस बनाने की दृष्टि से वर्ष 1992-93 दौरान राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण किया गया और वर्षे 1998-99 में इस सर्वेक्षण का दूसरा दौर चलाया गया।

प्रजनन एवं बाल स्वास्थ्य कार्यक्रम के प्रभाव का मूल्यांकन करने की दृष्टि से सेवा संबंधी सांख्यिकी (आंकड़ो) के अलावा सरकारी स्वास्थ्य सुविधाओं द्वारा प्रदान की जाने वाली सेवाओं के उपयोग के बारे में जिला स्तरीय आंकड़े तैयार करना आवश्यक था। देश के सभी जिलों में दो दौरों में एक त्वरित परिवार सर्वेक्षण (आर.एच.एस.) किया गया। वर्ष 1998-99 में इस परियोजना के पहले चरण में 50 प्रतिशत जिले कवर किए गए। पहले दौर में वर्ष 1998 में इस परियोजना के पहले चरण में 50 प्रतिशत जिले कवर किए गए और उसके पश्चात् वर्ष 1999 में दूसरे चरण के अंतर्गत शेष 50 प्रतिशत जिले कवर किए गए।

इसके अतिरिक्त, राष्ट्रीय व्यावहारिक आर्थिक अनुसंधान परिषद् (एन.सी.ए.ई.आर.) ने बुनियादी सुविधाओं, जनशक्ति, उपकरण, औषधों की उपलब्धता, सेवा प्रदानगी की प्रभावकारिता समन्वय (तालमेंल) की सीमा के संबंध में उप-केन्द्रों के कार्य निष्पादन का मूल्यांकन करने और परिवार कल्याण कार्यक्रम के प्रभाव को समझने के लिए देश के चयनित जिलों के उप-केन्द्रों का मूल्यांकन किया। भारत के 14 प्रमुख राज्यों के 30 प्रतिशत जिलों को कवर करते हुए 130 जिलों के 1040 उप-केन्द्रों से आंकड़े एकत्र किए गए हैं।

देश में ग्रामीण स्वास्थ्य परिचर्या संबंधी बुनियादी सुविधाओं की स्थिति को क्षेत्रीय कार्यशालाओं के माध्यम से भी मानीटर किया जा रहा है। ऐसी चार कार्यशालाएं नवम्बर-दिसम्बर, 2004 चंड़ीगढ़, चेन्नई, मुम्बई और कोलकाता में आयोजित की गई।

राज्य सरकार के अधिकारियों, भारत सरकार के क्षेत्रीय निदेशकों और केन्द्रीय सरकार के अधिकारियों द्वारा भी इन स्वास्थ्य केन्द्रों के समय-समय पर दौरे करके उनके कार्यकरण की भी मानीटरिंग की जाती है।

अन्तर्राष्ट्रीय जनसंख्या विज्ञान संस्थान, मुम्बई, विभिन्न जनसंख्या अनुसंधान केन्द्रो की सहायता से देश में शहरी परिवार कल्याण केन्द्रों और शहरी स्वास्थ्य पोस्टों के कार्यकरण के मूल्यांकन का कार्य कर रहा हैं।

(ग) प्राथमिक स्वास्थ्य परिचर्या संबंधी संस्थाओं के डाक्टरों और अन्य स्वास्थ्य कार्यकर्ताओं के रिक्त स्थानों का ब्यौरा विवरण में दिया गया हैं। (नीचे देखिए)

(घ) और (ड़) एकीकृत रोग निगरानी परियोजना के अंतर्गत सामान्य संचारी रोगों के रुझानों और प्रसार को मीनीटर करने तथा असामान्य सिन्ड्रोमों की पहचान के लिए एक प्रणाली विकसित की जा रही हैं। इसके अंतर्गत प्रत्येक जिले के भीतर सभी प्रमुख अस्पतालों से जुड़े हुए जिला निगरानी एकक में एकं सूचना नेटवर्क स्थापित किए जाने का प्रस्ताव हैं। समय पर कार्रवाई करने वास्ते आसन्न प्रकोपों की स्थिति का पता लगाने के लिए निगरानी हेतु महत्वपूर्ण संचारी रोगों की घटना से संबंधित सूचना एकत्र की जाएगी। इससे प्रभावित क्षेत्रों में रोगों की रोकथाम और उनको नियंत्रित करने में सहायता मिलेगी।

विवरण

रिक्त पदों की स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	एएनएम	एमपी डब्ल्यू (पु.)	एचए (स्त्री)/एलएचपी	एचए (पु.)	एमओ (प्र.स्वा.के)	विशेषज्ञ	फार्मासिस्ट
1	आंध्र प्रदेश	377	1013	50	348	360	182	67
2	अरूणालच प्रदेश	0	0	0	0	0	4	0
3	असम	0	318	146	0	0	0	0
4	बिहार	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध
5	छत्तीसगढ़	463	611	*	611	56	56	250
6	गोवा	17	25	7	7	3	8	1
7	गुजरात	624	3016	275	649	158	202	391
8	हरियाणा	23	382	250	57	0	243	16
9	हिमाचल	420	719	80	52	*	अनुपलब्ध	150
10	जम्मू और कश्मीर	376	4	58	0	25	134	0
11	झारखण्ड	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध
12	कर्नाटक	1351	2665	39	465	175	147	545
13	केरल	0	184	0	18	0	280	32
14	मध्य	469	748	128	अनुपलब्ध	247	अनुपलब्ध	अनुपलब्ध
15	महाराष्ट्र	333	1639	278	832	*	883	201
16	मणिपुर	0	0	24	28	28	21	23
17	मेघालय	0	0	0	0	10	0	38
18	मिजोरम	3	31	11	11	0	0	0
19	नगालैंड	0	*	0	0	0	0	0

विवरण

रिक्त पदों की स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	एएनएम	एमपी डब्ल्यू (पु.)	एचए (स्त्री)/एलएचवी	एचए (पु.)	एमओ (प्र.स्वा.के.)	विशेषज्ञ	फार्मासिस्ट
20	उड़ीसा	353	1519	25	8	0	अनुपलब्ध	56
21	पंजाब	315	1175	70	40	60	0	38
22	राजस्थान	258	1440	10	224	199	223	20
23	सिक्किम	1	*	3	0	10	16	4
24	तमिलनाडु	273	830	455	651	632	0	153
25	त्रिपुरा	*	236	*	35	11	0	*
26	उत्तरांचल	31	155	4	135	464	32	0
27	उत्तर प्रदेश	1036	3348	407	1651	अनुपलब्ध	अनुपलब्ध	अनुपलब्ध
28	पश्चिम बंगाल	1286	2523	299	946	241	177	207
29	अं.और निको.द्वी. समूह	0	26	0	0	0	8	0
30	चंडागढ़	0	0	0	0	0	0	0
31	दादरा एवं नगर हवेली	0	0	0	3	0	0	0
32	दमण और दीव	0	0	0	0	0	0	0
33	दिल्ली	13	8	4	0	0	0	1
34	लक्षद्वीप	0	0	0	0	0	0	0
35	पांडिचेरी	0	3	5	5	0	.	5
	अखिल भारत	7982	22618	2829	6783	2679	2621	2198

नोट : आंकड़े अनन्तिम हैं

*अधिक

Enquiry on Health Services

†*614. SHRI JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Govemment have carried out any enquiry into the health related aspects and arrangements/facilities at national level in urban and rural areas;

(b) if so, the details thereof;

(c) the number of such hospitals where even doctors/staff are not available;

(d) whether Govemment carry out study about the spread of new diseases in those areas; and

(e) if so, the measures taken for prevention and protection of such areas in future?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (e) A statement is laid on the Table of the House.

Statement

(a) and (b) A Facility Survey has been conducted in the country, in two phases (1998-99 and 2003-2004), which assessed the availability of infrastructure *i.e.* water facility, electricity, vehicle, operation theatre, labour room etc. and helath manpower position in the Primary Health Care Institutions in the country.

With a view to creating a comprehensive demographic and health database in India, National Family Health Surveys were conducted during the year 1992-93 and Second Round in 1998-99.

With a view to assess the impact of RCH Programme, it was necessary to generate district level data on the utilization of services provided by government health facilities, other than service statistics. A Rapid Household Survey (RHS) in all the districts of the of the country in two round, 50 percent of the districts were covered in the first phase of the project in 1998-99. In the first round, 50 percent of the districts were covered in the first phase of the project in 1998 and thereafter, the remaining 50 percent districts were covered under second phase in 1999.

In addition, National Council of Applied Economics Research (NCAER) carried out the evaluation of Sub-centres in selected districts of the country to assess the performance of the sub-centres with respect to availability of infrastructure, manpower, equipment, medicines, efficacy of service delivery, extent of coordination and to understand the impact of the Family Welfare Programme. The Data has been collected from 1040 sub-centres in 130 districts covering 30% of the districts of 14 major States in India.

The Rural Health Care Infrastructure status in the country is also being monitored through regional workshops. Four such workshops were held at Chandigarh, Chennai, Mumbai and Kolkata in November-December, 2004.

†Original notice of the question was received in Hindi.

The Health Centres are also monitored for their functioning by periodic visits by State Government Officers, Regional Directors of Government of India and also by Officers of Central Govemment

The task of evaluation of functioning of Urban Family Welfare Centres and Urban Health Posts in the country is being carried out by International Institute of Population Sciences, Mumbai, with the help of various Population Research Centres.

(c) The vacancy position of doctors and other health functionaries in primary health care institutions is enclosed as statement (*See* below).

(d) and (e) Under Integrated Disease Surveillance Project, a system is being developed to monitor trends and distribution of common communicable diseases and identification of unusual syndromes. Under this, an information network is proposed to be established with Distrcit Surveillance Unit connected with all major hospitals within each district. The information relating to occurrence of important communicable diseases would be collected for surveillance to identify situation of impending outbreaks for timely action. This would help in preventing and controlling diseases in affected areas.

Statement

Vacancy oosition at a alance

S. No.	State/UT	ANM	MPW [M]	HA[F] LHV	HA [M]	MO [PHC]	Spec-ialists	Phar-macists
1	Andhra Pradesh	337	1013	50	348	360	182	67
2	Arunachal Pradesh	0	0	0	0	0	04	0
3	Assam	0	318	146	0	0	0	0
4	Bihar	NA	NA	NA	NA	NA	NA	NA
5	Chhattisgarh	463	611	*	611	56	56	250
6	Goa	17	25	7	7	3	8	1
7	Gujarat	624	3016	275	649	158	202	391
8	Haryana	23	382	250	57	0	243	16
9	Himachal Pradesh	420	719	80	52	*	NA	150
10	Jammu & Kashmir	376	4	58	0	25	134	0
11	Jharkhand	NA	NA	NA	NA	NA	NA	NA
12	Karnataka	1351	2665	39	465	175	147	545
13	Kerala	0	184	0	18	0	280	32
14	Madhya Pradesh	469	748	128	NA	247	NA	NA
15	Maharashtra	333	1639	279	832	*	888	201
16	Manipur	0	0	24	28	28	21	23
17	Meghalaya	0	0	0	0	10	0	38

S. No.	State/UT	ANM	MPW M	HA[F] LHV	HA [M]	MO PHC	Spec-ialists	Phar-macist
18	Mizoram	3	31	11	11	0	0	0
19	Nagaiand	0	*	0	0	0	0	0
20	Orissa	353	1519	25	8	0	NA	56
21	Punjab	315	1175	70	40	60	0	38
22	Rajasthan	258	1440	10	224	199	223	20
23	Skkim	1	*	3	0	10	16	4
24	Tamil Nadu	273	830	455	651	632	0	153
25	Tripura	*	236	*	35	11	0	*
26	Uttaranchal	31	155	4	135	464	32	0
27	Uttar Pradesh	1036	3348	407	1651	NA	NA	NA
28	West Bengal	1286	2523	499	946	241	177	207
29	A & N Islands	0	26	0	0	0	8	0
30	Chandigarh	0	0	0	0	0	0	0
31	D&N Haveli	0	0	0	3	0	0	0
32	Daman & Diu	0	0	0	0	0	0	0
33	Delhi	13	8	4	7	0	0	1
34	Lakshadweep	0	0	0	0	0	0	0
35	Pondicherry	0	3	5	5	0	*	5
	All India	7982	22618	2829	6783	2679	2621	2198

Notes : Figures are Provisional.
NA : Not Available
* : Surplus

श्री जनेश्वर मिश्र : सभापति महोदय, मंत्री जी ने मेरे प्रश्न का उत्तर, बहुत लम्बा दिया हैं। लेकिन हम रोज अखबारों में पढ़ते हैं और स्वास्थ्य संबंधी जो खबरें अखबारों में छपती हैं, अगर मैं खबरें उनको यहां पढ़कर सुनाऊं तो बहुत समय लगेगा। उनको पढ़ने से सिर चकराने लगता हैं। मैं मंत्री जी को केवल एक-दो हैडिंग पढ़कर सुनाता हूं, "भारत में शिशु मृत्यु दर दुनिया के अन्य देशों के मुकाबले सबसे ज्यादा हैं," आग से झुलसने वालों के इलाज के लिए देश में कम सुविधाएं" "यहां प्रसव के दौरान हर मिनट में मरती हैं, एक महिला।" महोदय, ये कुछ हैडिंग्स हैं, मैं चाहूंगा कि मंत्री जी इन पर जरूर जवाब दें। महोदय, दिल्ली में अभी एक बीमारी फैली हैं, इस बीमारी के बारे में स्वास्थ्य मंत्रालय को कोई जानकारी नहीं है। पंद्रह लोग मर चुके हैं, लेकिन इसकी रोकथाम के लिए अभी तक कोई इंतजाम नहीं किया गया हैं, स्वास्थ्य मंत्री न केवल दिल्ली के बारे में बताएं, क्योंकि दिल्ली के लोग तो इनसे जवाब ले लेंगे। यह बीमारी देश भर में फैल रही हैं, मैं चाहूंगा कि स्वास्थ्य मंत्री यह बताएं कि इसके बारे में सरकार क्या कर रही है ?

DR. ANBUMANIRAMADOSS: Sir, the hon. Member has put a question which has very wide ramifications. It nearly covers my entire Ministry. Sir,

pertaining to the issues regarding which the reports have come in the newspapers, I submit that infant mortality was high in this part of the world, and in the last decade and a half, we have been able to bring down the infant mortality rate by half. It was 126 and now currently the IMR is 63 per thousand live births. But then that is not enough. We are not satisfied. Our target is 30 per thousand live births by 2010. Through the National Rural Health Mission, which the Prime Minister has announced and inaugurated on 12th April, we are going to drastically reduce the infant mortality rate as well as the maternal mortality rate because currently the maternal mortality rate is one of the highest in this part of the world. We accept that It is a huge challenge for us. In the last so many decades, we have been able to bring down the maternal mortality rate. Through the Rural Health Mission we are going to have concentration on more institutional deliveries through Asha Social health activist groups are going to be formed in all the villages. She is going to take the pregnant women for antenatal check-up, delivery and post-natal check-up. She is going to make sure that all the children in the villages are immunised. She is going to have note of all the children. She is going personally to take care of all these issues so that IMR and MMR are brought down.

Regarding burn facilities, we have burn facilities. But health is a State Subject. State hospitals take care of that. In fact, in Safdarjang Hospital we have one of the best bum facility wards in the entire country. They are pioneering in that.

Coming to the question about current problem in Delhi, Sir, I would like to mention certain facts about the meningococcemia, meningitis happening in Delhi. Sir, currently till yesterday about 91 cases had been affected and 14 deaths had been reported.

MR. CHAIRMAN: Out of 91 cases, 14 deaths!

DR. ANBUMANI RAMADOSS: Sir, 91 cases, and 14 deaths have been reported till yesterday. At around 12 o'clock my officers are going to have a meeting with all the officers, including vaccine producers and Delhi Government officials. Sir, this is a gram-negative bacteria which is prevalent in about 20 per ent of the population at some point of time. When this is at about threshold level, then it comes out as a disease and it becomes meningitis. It affects the blood system. Sir, this disease can be very easily treated. So, there is no worry. There is nothing to be scared about, Sir, I would like to assure the hon. House...*(Interruptions)*... Let me finish ... *(Interruptions)*... After that you can ask your question... *(Interruptions)*...

Sir, at this point of time, this is not an epidemic. We are very closely monitoring it. Both the Government of Delhi and the Central Government are closely monitoring and we are working in tandem. We are giving a lot of preventive measures and information by saying that it is a bacterial infection and it is not a viral infection.

श्री सभापति : श्रीमान् सोज, आप इधर से, माननीय मंत्री जी के सामने से निकल गए, यह व्यवस्था के अनुकूल नहीं हैं । मैं आपसे कह रहा हूं कि माननीय सदस्य बोल रहे थे, आप उनके सामने से निकल गए, यह अच्छी परंपरा नहीं है ।

प्रो. सैफुद्दीन सोज : ठीक है, नोटिड ।

پروفیسر سیف الدین سوز: ٹھیک ہے، نوٹڈ ۔

DR. ANBUMANI RAMDOSS: I would like to apologice.

श्री सभापति : आपसे नहीं कहा हैं । आप बोलिए ।

DR. ANBUMANI RAMDOSS: Sir, once again I would like to assure the House that we are closely monitoring the situation and are not going to let it go out of hand. This can be very easily treated by easily treated by easily available antibiotics like ciprofloxacin, rifampin or injection of penicillin. So, it is not a viral disease. It is a bacterial disease, which can be treated. The last epidemic that we had was about 20 years ago. We have instructed the Delhi Government to take a let of steps for awareness. We have instructed that they have separate wards and only people associated with the infected people and relatives should he immunised.

PROF. P. J. KURIAN: What preventive steps are you taking?

DR. ANBUMANI RAMDOSS: I am coming to that. I am coming to the preventive steps. I know the apprehension of the hon. Member. They are very apprehensive. I would like to inform them not to be apprehensive and we are looking at it, and I would like to assure them that we are trying to take things under control. We are informing the Delhi Government that NICD, National Institute of Communicable Disease is actually having surveillance netwrok with WHO and the Delhi officials. One the treatment part and the immunisation at this point is not necessary. Immunisation is necessary only if there is a patient, in a hostel or a crowded place where they live together. If someone is affected, then, immunisation is required. Otherwise, immunisation is not required at this point of time. Simple

†Transliteration in Urdu Script.

preventive measures like when you cough you can close your mouth. Since this is transmitted through air, through droplet transmission, this bacteria does not live long when it comes out in the air also unlike the other viruses. I am sure, there is no need to be apprehensive of the disease. We are very closely monitoring this situation.

श्री जनेश्वर मिश्र:सभापति, महोदय,जिस बडे पैमाने पर पेटेंट लॉज के चलते दवाएं महंगी हो रही हैं, उसके कारण गरीब आदमी के लिए इलाज कराना मुश्किल हो गया है।मैं माननीय मंत्री जी से जानना चाहूंगा कि देश मैं औसत आमदानी से कम आमदानी के लोगों को सस्ते रेट पर दवाएं दिलाने के लिए स्वास्थ्य मंत्रालय क्या इंतजाम कर रहा है?

DR. ANBUMANI RAMDOSS: Sir, my colleague, the hon. Commerce Minister, Mr. Kamal Nath has categorically assured the House again and again. Since the amendment on the Patent law has been passed by the Parliament, about 97 per cent of all the drugs are pre-95 drugs and they do not come under the Patent purview. So, I don't foresee any increase in the price of any other essential commodities and drugs currently available. Only when the new drugs come in, their products maybe-according to research-a little expensive. But Sir, the Government has a lot of mechanism, cushioning effect whereby these prices could be reduced for the common man and we have compulsory licensing, parallel marketing etc.

DR. PC. ALEXANDER: The information given to part. (c) of the question is not adequate to know the number of posts against which these vacancies occurred. If this information is given we can make sense of the statistics. But I take it that the large number of vacancies of doctors and para-medical staff would be in the rural areas and that is what the thrust of the question was. May I ask the hon. Minister whether he will consider-taking into account the fact that in rural areas there is an acute shortage of medical and paramedical staff-the organisation of a rural health service for the whole country in cooperation with the State Governments? Unless doctors posted in the rural areas are given specific incentives, facilities for running two establishments, on in their home place and another in the place of posting, unless some compensation is give for the loss incurred by them, there will always be vacancies like those mentioned in the answers to the question. Will he consider seriously the question on an All-, India basis to organise a 'Rural Health Service' with specific incentives to those who opt for rural services, at least, for a period of ten years?

DR. ANBUMANI RAMDOSS: Sir, the hon. Member has asked a very pertinent question about doctors and para-medical staff not being present in the rural areas and not going to rural areas. This has been intriguing the

Government right from independence. Sir, like I mentioned earlier, the National Rural Health Mission which is the biggest programme in the public health sector today and this programme is going to be a seven-year programme and through this programme States have to implement this fully. This is going to be more focussed in the rural areas, especially at the district level where we are going to have district plan and district health society. We are going to do the planning for district health plan and the village health plan whereby the whole community gets together. The village headmen, the self-help group, the ANM, the anganwadi workers all get together. They plan out what is - the requirement of the village and they say when it is best to be implemented through this programme. With regard to non-availability of doctors and staff in rural areas, I would say that we are trying to tackle this through policy decisions. We are deliberating on a policy. For example, we are looking at the possibility of making it mandatory for doctor to work in rural areas for one or two years before he gets his Registration Certificate, or, before he applies himself for post graduation certificate. So, we are trying to work out all these mandatory requirements. We are deliberating this with the respective associations as well.

We are also trying to use the doctors of the Indian Systems of Medicine where no allopathic doctors are available in rural areas and dispensaries. At some point of time, there will be a doctor.

I would like to enlighten the House about the National Rural Health Mission. This is a very good programme if we implement and absorb it fully in the States. It works well. It is a very flexible programme. It is designed according to the needs and necessities of the individual States. We have to take up this programme according to the States pattern/requirement. Sir, on 30th of this I am going to Rajasthan to attend a seminar.

MR. CHAIRMAN : You are welcome.

DR. ANBUMANI RAMDOSS: I request you to kindly attend this programme as the Chief Guest.

MR. CHAIRMAN: Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

Development of eco-industrial estates

*601 SHRI C. PERUMAL: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state: